

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
161456385

FILING DATE

APPLICANT(S)

A B CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	2		2		2	
4	2		2		2	
5	2		2		2	
6						
7	1					
8	2					
9	2					
10	2					
11	1					
12	1					
13	1					
14	1					
15	1					
16	2					
17	2					
18	2					
19	2					
20	2					
21	1					
22	2					
23	2					
24	2					
25	2					
26	2				2	
27	2				2	
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49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	13	38	7	13	14	14
TOTAL CLAIMS	13	38	8	13	14	14

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						